## **WEST BEND SCHOOL DISTRICT**

## 2018 Insurance Plans and Premiums

Health Plans		CDHP / HRA Plan 1		CDHP / HRA Plan 2		CDHP / HRA Plan 3	
Diam Daailaa		ln Naturauli	Out of	ln Naturaula	Out of	ln Naturauli	Out of
Plan Design		Network	Network	Network	Network	Network	Network
Deductible	Employee Only	\$1,000	\$4,000	\$2,000	\$4,000	\$3,000	\$4,000
	Employee + 1	2,000	8,000	4,000	8,000	6,000	8,000
	Employee + 2 or more	3,000	12,000	6,000	12,000	9,000	12,000
Coinsurance		0%	50%	0%	50%	0%	50%
Out of Pocket Max	Employee Only	\$1,000	\$5,000	\$2,000	\$5,000	\$3,000	\$5,000
	Employee + 1	2,000	10,000	4,000	10,000	6,000	10,000
	Employee + 2 or more	3,000	15,000	6,000	15,000	9,000	15,000
HRA Benefit							
2018 HRA Funding*	Employee Only	\$5	00	¢1 (	200	Φ1 <i>(</i>	200
2010 HRA Fullaling	Employee Only Employee + 1	φο \$1,0		\$1,000 \$2,000		\$1,000 \$2,000	
	Employee + 2 or more	\$1,0 \$1,5		\$3,0		\$3,0	
	Linployee + 2 of more	Ψ1,	500	ΨΟ,	700	ΨΟ,	500
HRA Roll-Over Amount		100%		100%		100%	
Maximum HRA Including Rollover Amount		\$9,000		\$9,000		\$9,000	
*HRA funding requires employee and spouse (if covered) to comply with the wellness program.							
Health Plan Premiums	(Monthly)						
Full Plan Rates Employee Only		\$557		\$502		\$473	
	Employee+Child(ren)	\$1,	070	\$9	64	\$9	009
	Employee+Spouse	\$1,	226	\$1,	105	\$1,	042
	Family	\$2,	145	\$1,	933	\$1,	822
Non-Wellness Rates Employee Only		\$147		\$92		\$63	
	Employee+Child(ren)	\$2	234	\$128		\$73	
	Employee+Spouse	\$3	112	\$191		\$128	
	Family	\$4	72	\$2	60	\$1	49
Wellness Incentives	•						
Employee	Wellness Screening	-\$	25	-\$	25	-\$	25
	Non-Tobacco	-\$	25	-\$	25	-\$	25
Covered Spouse	Wellness Screening	-\$	25	-\$	25	-\$	25
	Non-Tobacco	-\$	25	-\$	25	-\$	25
Full Wellness Rates'	Employee Only	\$9	97	\$4	2	\$1	3
	Employee+Child(ren)	\$1	84	\$7		\$2	23
	Employee+Spouse	\$2		\$9		\$2	
	Family	\$3		\$1		\$4	
*Full Wellness Rates require employee and spouse (if covered) to complete the wellness screening, and to be tobacco free.							

Prescription Drug Copays			
Tier 1 Generic	\$10	\$10	\$10
Tier 2 Brand/Preferred	\$30	\$30	\$30
Tier 3 Brand/Non-Preferred	\$45	\$45	\$45
Mail Order 90-Day Supply	2 ½ Copays	2 ½ Copays	2 ½ Copays